FEB 2 0 2007

Linda Panenyork	Reduction Act of 199	on person at a fer	Juired to rec		and Tradem	wed for use through nark Office; U.S. DE	01/31/2007. ( PARTMENT C	OF COMMERC
RADE				respond to a collection of information unless it displays a valid OMB control number  Complete if Known				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num		09/848,297-Conf. #9611		
FEE TRANSMITTAL				iling Date		May 4, 2001		
				irst Named Inv	entor	Monique G. SOMMER		
For FY 2006				xaminer Name		T. L. Pham		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2625		
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No.		0142-0352P		
METHOD OF PAYN	MENT (check all	that apply)						
X Check Cre	dit Card	Money Order	None	Other (	please iden	tify):		
Deposit Account	Deposit Account Nun	ــ <sub>nber:</sub> 02-2448 <sub>De</sub>	eposit Accour	nt Name:	Birch, Ste	ewart, Kolasch	n & Birch, L	LP
<u> </u>	identified deposit							
	ee(s) indicated b		00101 15 11	<u> </u>	•	dicated below, e		ne filina fee
			nante of		• •		Accet for the	ic illing icc
	ny additional fee ider 37 CFR 1.16		ilents or	x Credit	any overp	ayments		
FEE CALCULATIO	N							
1. BASIC FILING, SEA	RCH, AND EXA	MINATION FEE	S					
	FILIN	NG FEES	SEAR	CH FEES	EXAMI	NATION FEES	6	
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES						-	Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
			Fee Pai	d (\$)		ultiple Dependent Claims		
21 = x = MP = highest number of total claims paid for, if greater than 20.					<u>Fe</u>	e (\$)	Fee Paid (\$	<u>)</u>
			Fee Pai	d (\$)		<del></del>		_
3 -=	x x	Fee (\$) =	reerai	<u>u (\$)</u>				
HP = highest number of inc	dependent claims pa	id for, if greater than	3.	<del></del>				
3. APPLICATION SIZE	FEE							
If the specification an								
listings under 37 C	FR 1.52(e)), the	application size	fee due i	s \$250 (\$125 f	or small e	ntity) for each a	idditional 50	0
sheets or fraction t			•			(2)	F I	Date (A)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							<u>Fee</u>	<u>Paid (\$)</u>
100 = /50 (round up to a whole number) x 4. OTHER FEE(S)								Paid (\$)
Non-English Specif	ication \$130 fo	ee (no small enti	tv discou	nt)			rees	<u> </u>
Other (e.g., late fili	•	`	•	•	st month		12	20.00
		7						
SUBMITTED BY Signature	<del>/                                    </del>	M		egistration No.	43,368	Telephone	(703) 20	5-8000
Name (Print/Type) Paul	C. Lewis	, V		ttorney/Agent)			February 2	

Birch, Stewart, Kolasch & Birch, LLP PCL/RJW/bad